Revision: November 1991

## State/Territory: <u>Georgia</u>

## STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

- 1. For recipients 21 years of age and over, the only transplants covered are kidney, liver, bone marrow (except for solid tumors, chronic granulocytic leukemia, sickle cell and acute leukemia in relapse), and cornea as described under Hospital and Physician Services in Attachment 3.1-A if established criteria has been met. Lung, bowel, pancreas and heart-lung transplants are not covered. For recipients under age 21, heart transplants and all other recognized, non-experimental organ transplants will be covered if medical necessity is properly documented and prior approval is obtained.
- Prior approval is required for liver and bone marrow transplants. All transplants performed out-of-state require prior approval.

The following documentation is required: Recent medical summary, age of recipient, diagnosis, prognosis, other therapies used, facility where the procedure will be performed, the proposed date of transplant surgery. Social history is required for liver transplants.

- Kidney transplants are covered for recipients with documented end stage renal disease. Liver transplants may be requested for recipients with disorders listed under Hospital and Physician Services in Attachment 3.1-A.
- 4. Organ Transplant Center Criteria

Restrictive criteria on facilities or practitioners which provide transplant procedures will be consistent with the accessibility of high quality care to individuals eligible for transplants. The following criteria will be applied in selecting centers.

The staff must have experience in organ transplant programs and include a transplant surgeon who has trained at an institution with an established transplant program.

The staff must include experts in hepatology, gastroenterology, immunology, infectious disease, nephrology, cardiopulmonary medicine, pediatrics, pathology, pharmacology, anesthesiology, psychiatry, and psychosocial support.

The center must give assurance that satisfactory arrangements are in place for donor procurement services.

The facility must have an active renal dialysis program and blood bank services which are capable of supplying large quantities of blood on short notice.

The hospital should have experience and expertise in the treatment of all types of diseases associated with irreversible organ failure.

The transplant center administration must have made a commitment to the program and there should be broad-based community support and hospital staff support of the commitment.

The center must have a consistent, equitable, and practical protocol for selection of patients.

The center should have the capacity and commitment to conduct systematic evaluations of cost and clinical outcomes of cases.